



February 2, 2015

Project No: **BP #35 – Metal Studs/Drywall/Ceilings**

The above-referenced contract is being considered for small business contract measures. **PLEASE NOTE THAT YOUR PARTICIPATION IN THE AVAILABILITY TO BID PROCESS IS VITAL IN ORDER FOR MEASURES/GOALS TO BE PLACED ON THIS PROJECT.** If you are interested in participating as a SBE-Construction firm to perform work in connection with this project and meet the requirements listed in this letter, please complete and return the attached Verification of Availability to Bid by **TOMORROW: TUESDAY, FEBRUARY 3, 2015 at 4:00 P.M. (DUE TO THE NATURE OF THE PROJECT).** It is asked that all pages are returned completed in its entirety. Failure to do so will result in this Verification of Availability to Bid Letter not being considered.

Please review the enclosed description of the project. **TIME IS OF THE ESSENCE.**

The letter of availability may be sent **via facsimile transmission to (305) 375-3160 or via email to kellyd@miamidade.gov**. If you have any questions, please contact me at (305) 375-3147.

Sincerely,

Kelly Duncombe
Miami-Dade County Internal Services Dept
Small Business Development Division
111 NW 1st St. 19 Floor Miami, FL 33176
305-375-3147 (P) 305-375-3160 (F)
kellyd@miamidade.gov



<http://www.miamidade.gov/internalservices/small-business.asp>

VERIFICATION OF AVAILABILITY TO BID

INTERNAL SERVICES DEPARTMENT (ISD)
SMALL BUSINESS DEVELOPMENT (SBD) DIVISION
SMALL BUSINESS ENTERPRISE-CONSTRUCTION PROGRAM
111 N.W. 1ST STREET, 19th FLOOR
MIAMI, FLORIDA 33128
PHONE: 375-3111 **FAX: 375-3160**

PROGRAM COORDINATOR: **Kelly Duncombe**

I am herewith submitting this letter of verification of availability and capability to bid, provided the proposed scope of work attached. (**NOTE:** Please provide all the information requested; incomplete and/or incorrect verifications are not acceptable or usable.)

CONTRACT TITLE: **Furnish Hollow Metal Frames, Furnish and Install Doors and Hardware**

PROJECT NUMBER: **BP #35**

Estimated Contract Amount:

(Scope of work and minimum requirements for this project is attached.)

NAME OF SMALL BUSINESS ENTERPRISE-CONSTRUCTION (SBE-CONSTRUCTION)

ADDRESS

CITY

ZIP CODE

Certification Expires: _____
DATE

Telephone: _____ *****Bonding Capacity:** _____

PRINT NAME AND TITLE

SIGNATURE OF COMPANY REPRESENTATIVE

DATE

| Currently Awarded Projects (Name of Project and Owner) | Project Completion Date | Contract Amount | Anticipated Awards |
|---|--|----------------------------|---------------------------|
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VERIFICATION OF AVAILABILITY TO BID

CONTRACT TITLE: Metal Studs/Drywall/Ceilings

PROJECT NUMBER: BP #35

SEE ATTACHED: Project Description, Qualifications; License Requirements, Etc.

Contractor Qualifications Questionnaire

This questionnaire will assist SBD in identifying the qualified contractors that “comply” to perform the aforementioned scope of work. Indicate yes “Y” or no “N” on the empty line on the left side of this questionnaire and forward it completely filled out to this e-mail address: kellyd@miamidade.gov or via fax (305) 375-3160 attention Ms. Kelly Duncombe. (you may select more than one option)

_____ Subcontractor (SUB) has experience working on projects with a similar size and scope to this project, meets the requirements as indicated in the attached document and can perform the work as required.

_____ Subcontractor (SUB) DOES NOT have experience completing projects with similar size and scope as this project and DOES NOT meet the requirements as indicated in the attached document.

| Similar contracts (Name of Project and Owner) | Project Completion Date | Contract Amount | Project Contact Person & Telephone for Verification |
|--|-------------------------------|--------------------|--|
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I certify that to the best of my knowledge all the information provided is verifiable and correct.

COMPANY NAME: _____

NAME OF REPRESENTATIVE: _____

TITLE: _____ **SIGNATURE:** _____

TELEPHONE NUMBER: _____ **E-MAIL ADDRESS:** _____